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** CONTINUING DATA *****

NONE O.A.

** FOREIGN APPLICATIONS *****

NONE O.A.

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | STATE OR | SHEETS | TOTAL | INDEPENDENT |
| 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance | COUNTRY | DRAWING | CLAIMS | CLAIMS |
| Verified and Acknowledged Examiner's Signature: <i>Olisa Anwa</i> Initials: <i>O.A.</i> | FL | 3 | 37 | 6 |

ADDRESS

40987

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TITLE

E-mail with voice / phone conference feature

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|------------------------------------|---|--|
| FILING FEE RECEIVED 1256 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) |
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